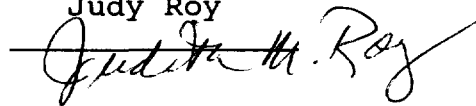


A Study of Women Doctors

An Honors Thesis (HONRS 499)  
by  
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A handwritten signature in cursive script, appearing to read "Judy M. Roy", written over a horizontal line.

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This study includes a brief look at the history of women doctors and personal interviews I conducted with some area female physicians. During the interviews my focus was on stereotypes the doctors had personally encountered. Based on those interviews I drew some conclusions about the state of prejudices women doctors face today. The brief history includes general information plus some more specific information about the History of IU Medical School since that is where most of the physicians I interviewed obtained their degree.

In the interviews I was primarily interested in the time period that was spent in medical school. I also wanted to know how the woman's family felt about her career choice. How patients reacted to a woman doctor was also an interest. Some of the questions asked included: name, age, married or not, age and experience when they made their career choice, differences between father's, mother's, brother's, sister's and husband's reactions, experiences with prejudices in medical school, and how patients react to a woman doctor.

The doctors I interviewed cover a wide range of specialties. These include: a dermatologist, an ophthalmologist, a pathologist, an allergist, an optometrist, and an emergency medicine physician. I interviewed Jocelyn Smith OD, optometrist, as a contrast to the other doctors. Her interview was interesting in the differences and similarities it showed to the physicians and because along with

dentistry it is an option that many women choose who had always wanted to go to medical school but felt they could not for some reason. The study ends with a conclusion and personal comments.

A Brief Look at the History  
of Female Physicians  
By: Heidi House

The struggle of women to get into the medical profession as physicians started decades ago. This has been, and continues to be in many ways a traditionally male profession. Despite the fact that it is now easier for women to get into medical school some of the obstacles dating back a hundred years are still in evidence. Stereotypes and prejudices against women physicians persist in our time with no apparent lessening. By taking a brief look at the history of this struggle, we hopefully can avoid some of the problems of the past. In this paper I will give an overview of the history of women physicians and also look more closely at some particular female physicians.

In the seventeenth century there was no formalized training for doctors, men or women.<sup>1</sup> Anyone who wanted to could hang the sign of doctor outside their door regardless of their training or lack of. Despite this people still defined a physician as being male. Even with a shortage of healers and great role flexibility women were excluded from the profession. Women's role in the medical field was confined to nursing and midwifery.

Professionalization of the job of physician began in the mid 1700's. American schools, hospitals, and professional medical societies were founded.<sup>2</sup> Women were excluded from all these institutions. Up until this time female midwives had held a virtual monopoly on the job of attending pregnant women during delivery. As the men began to make improvements in the practice of medicine they realized this was a market that could be profitable

to them. The male physicians started saying the women should come to them because they stood for safety, progress, and science. They further claimed that because they knew about the whole body they were better qualified to take over the management of childbirth.<sup>3</sup> Women slowly started to transfer their business to the male physicians.

One reason female midwives were used was that the women's modesty would be preserved. This became very difficult when using a male physician. It also made it difficult for the doctor to correctly identify and treat any female ailments. One man boasted that he always delivered women under their bedclothes and that he never found it necessary to uncover a patient for a gynecological examination.<sup>4</sup> How could the male doctors possibly treat the women to the best of their ability when they could not even look at them? With women midwives being pushed out, women also became more firmly entrenched in their separate sphere at home and out of the public.

During the nineteenth century society starts to see women as morally superior. Women totally agreed with this view because it gave them more power in the home. But men used it as an argument against women becoming doctors. They said that women could not control their natural tendency to sympathy and sympathy was out of place in the practice of medicine. They also said women would not be able to handle such things as the dissecting room during training.<sup>5</sup> Despite these objections some women did become physicians in the 1800's because no one was trained well and there

were many opportunities for them in alternative types of medicine such as homeopathy.

In the late 1800's women start using the argument that they should be able to become doctors because they had natural abilities for health care (nurturing).<sup>6</sup> Although this idea does get the women some gains it also limits them to doctoring only women and children. The feminists also started the health reform movement that stated women must take care of themselves and their families and so must know something about medicine. In other words the women doctors focused on preventative medicine. The reason the women got some gains from focusing on nurturing and preventative care was that the male doctors didn't care about these topics.<sup>7</sup>

Although by 1880 there were five medical schools and several alternative medical schools that were accepting women on a regular basis it was still very hard for them to be accepted.<sup>8</sup> The first woman to be accepted by a medical school was Elizabeth Blackwell. Born in England in 1821, Blackwell's family moved to the United States in 1832. Blackwell's father died in 1838 and she had to start working to help support the other eight children.<sup>9</sup>

Blackwell had no plan to become a physician and worked as a teacher for many years. It wasn't until a dying female friend said that it would have been easier if she had received treatment from a female doctor, a male doctor was too embarrassing, that Blackwell considered the medical field. Another reason Blackwell decided to become a doctor was that she didn't want to get married and put

herself in a husband's control.<sup>10</sup>

Blackwell applied to many schools and as they politely refused her acceptance they advised her to go overseas to study or disguise herself as a man. She continued her quest and finally was accepted at Geneva, a small university, in 1847. The Geneva community treated her as an outcast, believing her to be insane or a bad woman. But regardless of their treatment, Blackwell graduated in 1849.<sup>11</sup> Blackwell went on to write many books, and along with Zakrzewska and others, start the New York Infirmary for women and children in 1857. This was the first hospital staffed by women in the United States.<sup>12</sup> Blackwell later went back to England to help the women there in their struggle to become physicians.

Although Elizabeth Blackwell was the first woman to enter medical school she was not the first to successfully practice medicine. Harriet Hunt was already successfully practicing by 1835. Hunt tried for many years to get into Harvard Medical School but they did not open their doors to women until 1945. Despite Hunt's ability and knowledge, many people held it against her that she was a woman and didn't have a diploma. When many men of the 1800's were also practicing without diplomas.<sup>13</sup>

Helen Taussig was born in 1898 and is an example of what a woman physician can do if she is supported and opportunities are open to her. After studying at Radcliff, Berkeley, Harvard, and Boston University, Taussig entered Johns Hopkins Medical School and graduated in 1923. Taussig worked at the Hopkins Heart station



while in medical school.<sup>14</sup>

Edward Park, chairman of the cardiac department, disagreed with discrimination against women doctors. Park believed in Helen Taussig and helped her. Taussig received a fellowship in cardiology upon graduation and also became the assigned physician of the Pediatric Cardiac Clinic. In 1930 she was appointed assistant in pediatrics at Hopkins Hospital and Park named her Physician in Charge of the Pediatric Cardiac Clinic in Hopkins' children's division.<sup>15</sup>

Edward Park, seeing the promise in Taussig, pushed her to study congenital heart disease. Taussig did because she had "little choice and a stimulating environment."<sup>16</sup> The eventual result of her study was to patent the artificial ductus in 1944. This blood shunt, which she developed along with others, helped cyanotic children, blue babies, get enough oxygen in their blood.<sup>17</sup>

Helen Taussig is a success story under any man's definition. She became a doctor on men's terms but brought her own special touch. Taussig believed in being a doctor for the entire family. She never held back the depth of her concern and was the stabilizing force to many families. She was a great teacher and served on many committees. She helped ban Thalidomide and set up stricter drug-testing regulations. She also developed a model for handling large patient loads that is still used today. Even after her retirement she kept active in research until her death in 1986.<sup>18</sup>

It is obvious that women can contribute greatly to the field of medicine so why do men object to letting them in? One reason was that the women were attempting to take away some of the men's power. That is why it is ok for women to be nurses, in that position they are subordinate to the male doctors.<sup>19</sup> In the nineteenth century the men were also motivated by self interest. If they kept the profession as elite as possible there would be more of a market for the men who were doctors.<sup>20</sup> This is still a motivation for many men today.

Other arguments were: women are of inferior intellect, passive of mind, physically weaker, and have a tendency toward hysteria. They also believed that women becoming doctors would destroy family life because the women would neglect their duty to their children.<sup>21</sup> In the 1860's Dr. Horatio Storer said, "...women are unfit to practice medicine because they are menstrual."<sup>22</sup> Others added a bit more to that vague explanation by saying menstruation sapped physical and mental strength and if women studied too much their bodies would not form properly.<sup>23</sup>

Despite the arguments against them, by the end of the nineteenth century women comprised 4-5% of the physicians.<sup>24</sup> But then, instead of this number increasing it stayed steady until the 1960's. The reason was that the feminist movement was no longer active. "The women's rights movement called for women physicians as a matter of principle, stimulated fund-raising, and scholarships, and promoted female institutions."<sup>25</sup> It also gave

them moral and psychological support. With the decline of the movement the number of women trying to become doctors declined.

During the early 1900's, a time of little growth, the arguments against women as physicians stayed almost stagnant. In 1949 when male physicians were polled about the subject they said, "Women doctors are emotionally unstable, they talk too much, they're always on the defensive...if married and childless she is frustrated, or if raises a family she is neglecting her practice." In a later poll (1957) the male doctors said women were created to be wives.<sup>26</sup>

In the 1960's with the rebirth of feminism, women's quest to become doctors took on a second wind. Women started to believe that a professional career doesn't have to interfere with marriage, motherhood, or female fulfillment. In 1960, 9% of the applicants to medical school were female, by the end of the 1970's they were 30%.<sup>27</sup> The only problem is that many schools only allow the traditional 5% of entering medical students to be women.<sup>28</sup> This is gradually changing. In 1986 women were 32% of the graduates from US medical schools.<sup>29</sup>

More women are becoming doctors but there are still many people who disagree with the idea of a woman physician. Today they say that women work fewer hours, have higher retirement rates, and so have lower productivity.<sup>30</sup> But due to lower mortality rates, women have work lives nearly as long as men and their average workload a week is only slightly less.

Other problems for women doctors: they must trade career advancement for time to raise their children and their marital status is inversely related to their success rate, they also tend to marry later in life and have fewer children- in other words it is still very difficult for a woman to have a family and be a doctor too.<sup>31</sup> Dr. Carlotta Rinke said, "Women will invariably suffer an identity crisis in attempting to adapt their womanhood into a male professional model."<sup>32</sup>

In the past marriage and pregnancy for female medical students has been discouraged, but this seems to be changing. In 1984, Dr. Roy Hendricks, Chairman of the Obstetrics Department at Stanford, was forced to resign after he reprimanded a female resident for getting pregnant. He told her it was presumptuous and a disservice to oneself and colleagues.<sup>33</sup> In the early 1970's it would have been the female resident who was forced to resign.

It is clear that attitudes are changing but there is still a long way to go. The system needs to be changed so that it can also fit in with the woman's life cycle. Right now it is totally structured on the man's. Part-time opportunities in residency and work need to be opened up and in the home men need to be more willing to coparent so all the burden is not on the woman doctor/mother.

Women have already demonstrated the achievements they can make, now it is time to help them so that they can fulfill their full potential. Too many times women give up having a family to be

a successful doctor. And if they do have a family too their choices are severely limited. Women should have the same opportunities as the male doctors who have a family and are successful at their job. History shows us that stereotypes and prejudices are long-lasting but they can be overcome.

Now we must reevaluate what the real problem is for females who want to be doctors. The literature studied for this paper seems to indicate that the problem is getting into medical school. Looking at more recent trends and statistics however, I think the problem has shifted to achievement after medical school.

The system is still set up and run from a man's point of view. So many view the sympathy women might bring to the profession as the only reason for allowing them entrance. This shouldn't be the sole reason for their admittance. It should be because they are a person too, and should be able to choose to do what they are interested in and for which they may have some ability. Even if women don't have the ability the opportunity to try should be available to women just as it is to men.

The system should be organized so that it provides the same opportunities for men and women both. For the good of all society, the talents and potential of all its people should be explored. Men and women will always have different functions in life and so different life schedules. To obtain the full benefit of trained women doctors the schedule of school and work needs to be restructured to help them reach their greatest potential. In this

way women can still be a mother, as they understandably always must be, and also fulfill themselves personally by achieving their goals. Why leave this wealth of possibility untapped?

Before taking that final step and totally evening things up between men and women doctors, I want to take a look at some problems women face after admittance to medical school. What are the obstacles women encounter? What stereotypes and prejudices do they face from patients and colleagues that hinder their achievements? To answer these questions I decided to conduct personal interviews with area female physicians.

At this point it is important to take a look at the history of IU Medical School. Not all of the women interviewed went to IU but most of them did and so this gives us some idea of the atmosphere at the medical schools from a historical viewpoint.

It was difficult to find the information I was looking for because the school has not done any sort of compilation of information and some of the records are not available. For the data on women doctors at the school I looked at the school yearbooks. I was just interested in finding out when the earliest female medical student was at the school.

In 1905 Indiana University School of Medicine was formally recognized by the Association of American Medical Colleges and the Indiana State Board of Medical Exams and Registration. This will be our starting point because the school was in existence before that time but not in it's present form. The earliest yearbook was

for 1908. There seemed to be eleven medical students for that year, none of which were women. The next yearbook available was for 1911. Of the forty-six medical students none were women.

It wasn't until 1912 that I hit the jackpot. For 1912 there were forty-eight medical students and two of this number were women. Their names were Fernande Hachet of Hartford City, Indiana and Lucie Forrer of Liverpool, England. This means that by 1912, at IU Medical School, already 4% of their medical students were female, only seven years after their formal recognition as a medical school! I think IU's early history of having female medical students is extremely significant to the results of the interviews, because it is an indicator of the attitudes female IU medical student faced while in school.

The transcripts of the interviews conducted will follow.

1. Regina Markell Morantz, ed., In Her Own Words (London: Green-wood Press, 1982), p.5.
2. Ibid, p.5.
3. Ibid, p.6.
4. Mary Roth Walsh, Doctors Wanted: No Women Need Apply (New Haven: Yale University Press, 1977), p.42.
5. Morantz, p.10.
6. Morantz, p.17.
7. Morantz, p.14,16.
8. Morantz, p.17.
9. Elizabeth Blackwell, Opening the Medical Profession (New York: Longmans, Green, and Co., 1970), p.5-10.
10. Ibid, pp.27-28.
11. Ibid, p.88.
12. Walsh, p. 82.
13. Walsh, p. xiv.
14. Sherwin B. Nuland, Doctors (New York: Alfred A. Knopf, 1988), p.434.
15. Ibid, p.434-435.
16. Ibid, p. 436.
17. Ibid, p.440-443.
18. Ibid, pp.443-451.
19. Walsh, p.141.
20. Walsh, p. xii.
21. Morantz, p.18.
22. Walsh, p. xv.
23. Morantz, p. 18.
24. Morantz, p.17.



25. Walsh, p. xvi.

26. Walsh, p. 245.

27. Morantz, p. 33.

28. Walsh, p. 243.

29. Phillip R. Kletke, "The Growing Proportion of Female Physicians," The American Journal of Public Health, v80 (March 1990), p. 300.

30. Ibid, p. 300.

31. Regina Markell Morantz-Sanchez, Sympathy and Science (New York: Oxford University Press, 1985), pp. 357, 360.

32. Ibid, p. 359.

33. Ibid, p. 360.

**Interviews with Female Physicians**

**Conducted in the year 1992**

## Interview with Dr. Christina Drummond

- H: Ok, if you just want to say your name and how old you are.
- D: My name is Christina Drummond and I'm 31 years old.
- H: And where are you from?
- D: I was born in Bellville, Illinois and I went to college in St. Louis and med school at Indiana University.
- H: What years did you go to medical school?
- D: I went to medical school from 1983 to 1987.
- H: How old were you when you decided to become a doctor?
- D: I was 17 years old.
- H: Do you remember like a specific experience that made you decide or was it just. . .
- D: Yeah, actually I do. A friend of mine, in high school and I were talking about where we were going to go to college and what we were going to go into and I had decided that I wanted to do something scientifically related because I liked the sciences. Never thought about med school at all cause I just didn't have any role models. I mean no one in my family had been through any kind of post graduate training and especially none of the women. Anyway, I was talking to my friend and I told her I thought I was going to go into engineering and she said that she was going to go into medical school. And I was kind of surprised. I just never thought about it. And I said, "You know, don't you want to have a family?" And she said, "Well, yeah, I think you can do both." Well she's thinking about it, I can think about it. So I started thinking about it and decided I wanted to do it.
- H: What do your Mom and Dad do?
- D: My mother was a homemaker and my father was a C.P.A, Certified Public Accountant.
- H: And he went to college?
- D: Yeah, he went to college and started his own business.
- H: How did your family feel about it, when you decided to go to medical school?
- D: Um, my father was supportive. My mother didn't think I'd ever finish. She didn't think I could do it.
- H: Do you have any brothers or sisters?
- D: I have four older brothers and one older sister. And they are all very supportive. They were probably the biggest supporters.
- H: What about your husband when you first got married?
- D: Um. . .
- H: Of course you were already on your way.
- D: Yeah, he already knew. He was. . . we'd gone out all through college so he kind of knew what the game plan was. But he's always been very, very supportive. It's been real hard for him. He's been a real trooper.
- H: What does he do?
- D: He has a company of his own that sells replacement parts for construction equipment.
- H: Has he had to like follow your career when you've moved and stuff?
- D: Just once. One time, pretty much. It was pretty even. I followed him here from medical school. He was working before I got out of college. And then he followed me down to Florida for my residency. And made a job change at that time and then started his own business after I got out of residency or actually during my residency.

H: And then you came back up here?

D: Right. So it's been pretty equal.

H: Do you think. . . In medical school did you think that the male students treated you any different than anybody else?

D: No, I didn't come up against any kind of sexual discrimination.

H: What about the teachers? Did they treat everybody the same?

D: As I recall, yeah, overall yes. I think I had one that was in retrospect probably very overly flirtatious and probably inappropriate, but I didn't realize it or, I don't know, at the time. You know. But other than that they were pretty fair. By the time I got there around almost somewhere between a quarter and a third of our class was females. So it was becoming more common. Course there wasn't many ahead of me. But right around the time I started there was a lot.

H: Were there any female professors?

D: Uh huh. We had actually not many. We had a few though. During the academic part of medical school we had a few. And then as we got into our clinicals I think there were much fewer. So there weren't a whole lot of role models but there were a couple. And they were a little different. They weren't typical.

H: How so?

D: They weren't very good role models. You know kind of. . .most of them were. . .I guess whereas most of the guys were what I considered more normal, you know, have families and kids and were married. It seemed like the women were just career oriented. The ones that I remember weren't married, didn't have any kids.

H: Do you think they had to be like that to get their position?

D: I think so at the time. Yeah. I really do. I think the time they were going through they had a hard time.

H: What time would that make it they were...

D: These people probably started their initial undergraduate training probably in the the late 60's to early 70's I would think. To be where they were by the time I got there in the mid 80's they had to start at least by the mid 70's.

H: Yeah. Um, did they make any kind of concessions for the married students whether they were female or male and if any of the students became pregnant?

D: No. Absolutely not. Out of the largest med school class in the nation at the time where I went there was one female that was pregnant during medical school and she ended up not graduating with our class. She didn't make it through.

H: Have they made any changes?

D: Not that I know of, at least not at the school I went to.

H: You went to IUPUI?

D: Uh, huh. Yeah.

H: What specialty are you?

D: Emergency medicine.

H: Do you know what the other women students, what were they going into?

D: Oh, it varies. A lot went into family practice. A lot went into emergency medicine. Uh, Pediatrics, OB/GYN. Those seemed to be the big ones. Very few went into, I mean there were a couple, but very few went into surgery or the surgical subspecialties like urology. In fact, I can't think of any that went into those.

H: How did you choose your specialty?

- D: Oh, mostly based upon things that I like. I like kind of a fast pace, instant gratification type things. But then probably one of the major factors was the lifestyle. Just the fact that I could schedule my hours ahead of time. That I wouldn't be on call. When I was home, I'd be home. Not be carrying a beeper and be called unexpectedly. And I kind of thought that way I could have a family.
- H: Are there any other specialties that you can do that?
- D: Yeah, there are. There are a lot of women in ophthalmology and . . . actually nowadays the ways things are going you can do that in almost all the specialties. It's just that some are easier to do than others. But there are a lot of women pediatricians with families. OB/GYN's which seems like that would be impossible to schedule anything but, you know there's ways to get around it. Things just had to change when women started demanding that they do change.
- H: What reasons do you think most of the women chose their specialty? Did the school like push them towards anything or was it all just on their own choice?
- D: No. I think it was their own choice. Their own interest. Probably their own life experiences. You know having gone to an OB/GYN and wanted a female one, you know. Or whatever. Being a child and either having a female pediatrician or wishing they had a female pediatrician. You might get pushed a little bit into that, by the way. Those are the traditionally low paying jobs and. . .
- H: OB/GYN's?
- D: Not OB/GYN's but family practice and pediatricians. It take a lot of time, it's very emotionally demanding. Which, you know, is fine. There's nothing wrong with that. But there is a tendency to kind of push women into those fields, traditional roles. It's extremely emotionally draining. And it's not very rewarding financially. There's a lot of problems in both fields.
- H: Yeah. Do you think part of it was choosing something that they could have their own family with?
- D: Oh definitely. I think a lot of them. Definitely I think that was a major factor.
- H: So like if they didn't have that concern they might have chose surgery.
- D: Something else, right. Exactly.
- H: OK. As far as patients go, do you think that they react differently to you than they would if a male doctor came in?
- D: Definitely. It varies. It's either one way or the other. But almost every patient has one response or the other. It's either very positive or very negative. It's hardly ever mediocre.
- H: Does it make any difference if it's a man or a woman that you're treating?
- D: Uh, no. Not necessarily. Surprisingly, it's possibly a little bit more common for women to be happy or relieved or whatever that they have a female physician. Um, but I've had women that refused to have a female physician and I've had men that are very happy to have a female physician. So. But it's always one way or the other, but it's unpredictable which way they will respond.
- H: Do they. . .are their reactions like they don't think you know what you're doing or. . .
- D: Once in a while. Yeah. That's. . .usually if that comes up it's usually from an older male. Um. . .very stereotyped you know. Usually not as well educated. But it's usually from an older guy that's just not used to seeing a female physician. And it comes up, every once in a while.

H: I bet. Are the older women that way?

D: Occasionally women are like that. Very rarely. Very rarely. It's usually men that are like that.

H: What kind of attitude do you take when you go in? Cause I just read this article that said the men will go in and be very demanding "You need to do this and this and this." And the women will go in and say, "Please can you change your. . . [you know] do this?" What kind of attitude do you have?

D: Oh, I pretty well just ignore them. At least, I have the benefit that when I'm working I'm usually the only doctor available. And if they are not happy they can come back later or just kind of bear with me. At this point you know I'm pretty used to it. When it comes up and I just try to be as nice about it as I can. And say, "Hey, you know there's a lot a lady doctors now and you just happen to have one at this point." So. . .

H: Do you feel like you have to be stern with them or can you just talk to them normal? Like discussing something?

D: Um, I have to be stern with them. Yeah, a lot of times especially with men you do have to be a little more assertive. It's kind of like they're just testing you to see if you're gonna know. If you have any backbone, or if you know what your talking about or whatever, you know. And that's OK.

#### **Interview with Jocelyn Smith, O.D.**

H: If you just want to say your name and your age, and where you're from.

J: I'm Jocelyn Smith, O.D. I'm 39 and I'm from Indianapolis. I work in Muncie.

H: What school did you go to?

J: Indiana University.

H: And are you married?

J: No.

H: How old were you when you decided to become a doctor?

J: Well that's kind of a hard question I guess. When I was in 4th grade. I was ten. I was pretty serious about being an MD. at that point in time. But then as time dragged on it became time to go to college; then I gave up on that actually, because of the time involved in it. So then I went to nursing school and I was a nurse and I graduated in 74. I guess in 1980 I decided to do that.

H: In 1980 you decided to go back?

J: Yeah. So I would have been 28.

H: How long were you a nurse?

J: I was a nurse six years before I decided to go back to school. And I continued working as a nurse until 1984.

H: While you were going to school?

J: While I was going to school. Yeah, I went to school between 82 and 86, went to optometry school so I worked as an RN until 84. Then school just became too time consuming and I gave that up.

H: When you first decided, were you living with your parents?

J: No.

H: When you were younger?

J: Yeah, when I was younger. Yeah, when I was ten. Yeah, of course.

H: How did they feel about it? Did you tell them then?

J: Yeah. They thought that was OK. Except that they told me it would be long and it would be expensive. And that they weren't sure that they could financially support me through all of that.

H: But they were supportive?

J: Uh huh, yeah.

H: What about later when you decided again?

J: No, when I decided to leave nursing and go to optometry school, my dad was OK. My mother was, "I can't believe you're leaving a good job to go back to school." My mother's a little crazy. She's not very emotionally stable. So I don't know how valid of a statement that is. No, she was not supportive until I finished. And now, of course, she's wonderful because she has a daughter who's a doctor.

H: Did your parents go to college?

J: No.

H: Neither one did?

J: No.

H: What do they do?

J: Um, my dad is retired now but he worked at Warner Gear as a foreman. And my mom worked at Indiana Bell as an office receptionist for a few years after they were married. But for the bulk of their marriage she's just been at home. And I'm an only child.

H: What college did you go to?

J: I.U.

H: You went to I.U. for all of it?

J: Yeah, for everything.

H: So you don't have any brothers or sisters?

J: No.

H: Do you think there was a specific experience later that made you decide to go back?

J: No. It was sort of a process of elimination. I was tired of being a nurse. I just got burned out for that. I worked in an emergency room in Indianapolis and it was kind of a high stress job. And I just kind of got burned out. I wanted a job where I could make more money and have more freedom. And so just process of elimination. I didn't want to go to dental school because I didn't want my hands in people's mouths all day. Medical school again was still you know just too long of a time frame. And I do have a friend that lives in England that's an optometrist and he thought I'd be...you know he loves it and he thought it'd be a great job for a woman. Cause it's easy to be like a part-time type person if you want to do that.

H: Now how long do you have to go to be an optometrist?

J: Total you have to go a minimum of seven years. You have to have three years of undergraduate and then four years of optometry school.

H: And that's different from just medical school?

J: Right. Yeah, optometry school is different from medical school and I didn't go to medical school. I went to optometry school. So I'm not a surgeon. Optometrists, basically, they do the medical part of eye care. And then surgeons can do the medical and the surgical part.

H: And you said medical school would have taken too long?

J: Yeah, yeah. First of all I would have had to take more prerequisites than I did for optometry school. Medical school and optometry school are both four years long. But then after that then for medical school you have to do an internship and residency. It would have taken me ten years. This way it only took me five or six. By the time I went to optometry school I was 30 years old and I didn't want to be 35 years old and trying to do a residency where you're up every third night all night long. I just couldn't stand that I didn't think. And then be 40 years old when I'm finished.

H: Were there a lot of females in your class?

J: One third. There were 65 of us in the class total and there were 22 females.

H: Did you feel like the teachers treated men and women differently?

J: On the whole, um, no I think we got treated pretty fairly. Mostly because there are so many women in Optometry. Anyway now the classes are about 90% female. So, I think they've gotten more used to it than the medical schools. There were maybe one or two people that were chauvinistic, but they would be that way in any situation. Not just because they felt like we were invading a male territory.

H: Were any of the men towards the other students?

J: Um, not in my class, we didn't have too much of that.

H: Did you have any female teachers?

J: Uh, huh.

H: Did they have families and. . .

J: Yes.

H: Um, how do patients react to you. Do you think they react differently

J: Um, I get a lot of times, "Oh I expected a man," when I walk in the room. I've never had anybody refuse to let me take care of them.

H: Did they ever act like they thought you didn't know what you were doing?

J: No, no I've never had that experience.

H: Just surprised.

J: Yeah, they're just surprised. I think overall I have a high percentage of people who think I talk to them more and tell them more about what going on than Dr. Roch does, who's they're traditionally used to dealing with and, you know, so they feel maybe like I explain things more to them.

H: What kind of...I read this article that said that women go in and say, "Please do this," and the men go in and say, "Do this and this and this," like they demanded. What kind of attitude do you take when you go in?

J: For patients you mean?

H: Yeah.

J: Oh no. I just flat out tell them, "This is the way it is." I'm not begging them. No, I just lay down the law. This is what you've got to do to take care of yourself.

H: Do you see any children?

J: Occasionally. We have another doctor on staff that does most of the children.

H: Do the children react differently than adults?

J: No, I don't think so. I think what gets kids more than anything is the white coat. Sometimes you have to take off your coat. I think they identify more with the coat than the fact that it's a women doctor. I don't know, but I have a feeling that that's it. Now I have had a couple of girls, um, a couple of teenagers that were sexually abused that



would not see me. They can't be in a closed room. Even with other females there it was very difficult for them to be in that situation. Most people react differently. That's sort of an unusual situation.

H: Were any other of the students pregnant while you were in school?

J: I've known people who were pregnant in Optometry school, I don't know if they were in my class or not. One of our classmates, his wife was pregnant, and then I have a friend who was a couple years ahead of us that was pregnant.

H: Were any kind of concessions made for them?

J: Um...yeah, I think that they worked around their schedules pretty much and kind of let them rearrange their rotation, their clinic rotations and stuff to accommodate...

H: What about married students? Were any kind of concessions made for them?

J: No, not really. That's just something that they had to work out for themselves. One of our classmates got married out first year and they didn't postpone any of his tests or anything like that. They're good about, at least at the school I went to, they're good about illness, they're good pregnancy, but marriage is kind of just...that's your problem to work out.

### **Interview with Jane McDowell, MD**

J: [recording begins in the middle of this conversation]. . I mean, you don't have to but if the patient has a history of being allergic to penicillin, but if you want to give them penicillin anyway what you can do is get their immune system used to the fact that they're getting penicillin. You start out with like only 10 units, whereas a therapeutic dose might be a million units, and then you wait 20 minutes and give them 20 units and wait 20 more minutes and give them 40 units. What you do is just double the dose every time, until they get to the point where they tolerate it. And then you plug them into their IV penicillin and then they take it. The majority of people tolerate that real well. Well, actually, no she didn't because it was my day off, but so by the time I got up there the rash was going away. But she was real nervous, so I kind of had to say, "Let's tough it out." So that's the way you do that. So that's kind of how my day's been so far.

H: This was your day off?

J: Yeah, this was my day off.

H: Well thank you for letting me come.

J: That's ok. You put a day off into your schedule so you can do things that human beings do.

H: If you would say your name and how old you are.

J: How old I am!?

H: Yeah.

J: Well, my name is Jane McDowell and I am almost a Muncie native because I was born right after World War II and ended being born in Baltimore because my Dad hadn't made it back to Muncie yet. And so, that was in '42. I'm an allergist, but I got to be an allergist by way of being a Pediatrician and I practiced Pediatrics in Jackson Tennessee for six years before I decided it's be more fun to be an allergist. Kind of because I saw a lot of children with asthma and other allergy problems and we couldn't treat them very well in Jackson. We had to send them down the road to Memphis or Nashville. So I

decided that that's what I'd do. When I went back to Jackson the people thought that I was a pediatrician so the adult doctors wouldn't send me adults and the pediatricians said, "Oh we've been getting along just fine without allergists this far. What are you going to do to help us out?" So that was about the time I ended up coming back. So I have a previous life when I grew up in Muncie and I was gone for parts of almost 20 years and now I have my present life. Every once in a while somebody will call up to make an appointment and it will be somebody I know and they'll yak and yak and yak with the receptionist and I'll say, "Oh yeah, that's one of my friends from my previous life."

H: What years did you go to medical school?

J: I started med school in 1970 and I finished in 74. And at that time there were about 250 medical students in my class and 25 women. And we had 2 girls who were employed at Eli Lilly for several years after college and then they decided to go to medical school when they were in their late 20 and early 30's. We thought that was amazing that anybody that old would possibly go to medical school. They were the real exception to the crew, because everybody else was pretty much right out of college.

H: What school was that?

J: Indiana.

H: Did you have any women professors?

J: Well...if we did, they didn't make a lot of impression. We had one lecturer whose name was Dr. Perkins, who was a Phd in anatomy. She didn't do many of the lectures, but she would walk around and help us with the cadavers. But, other than that, only an occasional lecturer. Dr. Susanne Milborne lectured in cardiology a few times. That was just back in the era where they were very few women. Dr. Noble was a cardiologist and she probably was one of the more impressive ones. There were a couple of lecturers in pediatrics, Dr. Pat Keener was there and she's, I think, still on the faculty at the med school. Right off hand, those are the only people I can think of.

H: Do you know if any of them were married or had families?

J: Dr. Keener was and did. Dr. Noble was and did. I think Dr. Perkins was single.

H: This is going a lot different from my other interviews, it's hard to remember what I want to ask you. Did you think that the women students then were treated any different from the men students?

J: Well, the...a lot of the lecturers used slides in their discussions and they liked to throw in a few mildly pornographic slides so that the guys could laugh and the girls didn't...they weren't to the point where the girls would get up and leave, but um, you know the humor was still kind of good "old boy" humor a lot of the times. At that time, if you were a woman in medical school, many times your academic record was even better than a lot of the men students and the thing was that as long as you were very good and you shone in what you did, they really couldn't make it too hard for you. And I didn't feel like there were any of the faculty that went out of their way to be mean or nasty. Some kind of went out of their way the other way, to be nice to you. But, at that time women weren't a novelty in medical school. They were maybe a generation before that...there weren't maybe many women at all, but by the time you've got a room that's got about 20 women in it, their not gonna, you know, sort of gang up on them. So I didn't feel like they went out of their way to be mean or nasty.

H: What about the men students toward their...did they treat you any differently?

- J: Well, I think not. Again, if you were willing to pull your own weight and not use an excuse of getting out of work and stuff they were very happy to have people that would just work on the team.
- H: Was there anything that the women couldn't do as students?
- J: You know, you're going back 20 years. I don't really remember anything in particular. There were less changing rooms and less things like that. The sleeping rooms I recall were pretty much co-ed and you know you'd change into your scrub suit and you'd just flop on whatever bed was available. But like in surgery the women had to find places to change in the nurses locker room and everything which was OK. But, you know, that's not like there were things you couldn't do. We were never excluded from anything. Once upon a time I had a chance to go to London and it was on a medical school alumni tour and so we visited one of the hospitals in London that had a museum. The museum had minutes from the board that went all the way back for 100's and 100's of years. They had the charter that was personally sealed by King Henry the VIII. That's how old the place was. The hospital was called Bartholomew's Hospital, which is real famous in London. They had one page that opened to their minutes and this was a discussion of allowing a doctor from American named Elizabeth Blackwell to come to London and after a great deal of discussion they decided that she would be allowed only to make rounds on the women's floors, wouldn't be allowed to make rounds on the men's floors. And so even 20 years ago we've done a lot better than that. I thought that was neat to look at.
- H: Do you remember if any of the other female students became pregnant while they were in school?
- J: During senior year a couple of gals were pregnant and I don't think anybody became pregnant much before senior year.
- H: Did they finish everything?
- J: As far as I know, everybody finished everything.
- H: Did they make any kind of concessions for the pregnant ones or if somebody was married?
- J: You know, I wasn't close enough to the gals who had children to say for sure, but I think most of the time pregnancies were planned well enough that they came during times when they could take some time off. As you know the senior year is designed so that you only have to complete about 8 months of the 12 months. And so many times they figured that they could have their children in the spring and then start their residencies in July and still have finished all of their requirements.
- H: Do you know what specialties they were going into? The other women? Or did the school push them toward anything in particular? Did they push you into pediatrics at all?
- J: I really wasn't pushed. I can't remember in particular what specialties there were. There were two gals who became pregnant; I'm not sure if one of the girls ever practiced at all. And there was always the small percentage of women who find that motherhood's so much more fun than practice. But I was told that one of our classmates who became pregnant really never practiced. The other gal I'm not sure what she went into. We had one of the gals in our class who went into orthopedics/surgery and she was kind of the one-and-only, you know. I'm not sure what's become of her either. But, I didn't feel particularly pushed. I did reasonably well in surgery, and surgery at that time was supposed to be one of the bastions of male superiority and...I didn't feel particularly like

had I applied for a residency there that I would have been turned down because . . . you know we didn't get report cards. What we got were little comment sheets and the comment sheet was, "you did very well, your only problem is that you're going into pediatrics instead of surgery." And I thought, well you know, that meant they would let me go into surgery. But who in their right mind would ever want to go into surgery? So, I didn't really feel pushed.

H: Do you remember when you first decided that you wanted to become a doctor?

J: Nope. No idea. Probably, it just happened. Cause when you did well in school usually that meant that you excelled in the sciences and math and stuff like that. Because when I was in elementary school and high school, they really didn't put that much emphasis on fine arts or any of that sort of stuff. You know, the music teacher would see you once a week and you'd sing songs and stuff. If you could recite all of the names of the planets and you knew how many moons were in each planet and if you could name all the trees in Indiana and stuff like that. But you know, that was where you excelled and it was easy to go from the natural to just do medicine cause you know you have to have Biology and Chemistry and all that stuff to get into medical school. And dad always been a real . . . had always been very, very satisfied with what he did. And you know, obviously, he was the role model, because you'd never see him come home discouraged or unhappy and he never complained. Which you know as you get older you realize there's probably nothing that would make him complain anyway.

H: Is he a surgeon?

J: He's a surgeon.

H: How did they feel about it when you decided that's what you wanted to do?

J: Well, um, there was a general practioner in Parker whose name was Dr. Henschman, and his daughter was in medical school about the same time as I was. He and dad would have these discussions about their daughters who had gone into medicine and then they would each have nice heart to heart discussions with us. And then Patsy and I would exchange notes. And then come up with the same brilliant ideas, so I don't which of the two was the instigator. Their recommendations included things like: "You really ought to go into ophthalmology because you can have a little surgery and a little medicine and you can stop to have your family anytime you want. You can always go back and do it and things don't change that much." So neither one of us went into ophthalmology. But, I think he thought it was kind of a gruelling sort of thing for a girl to do. He really didn't discourage his sons in any way, but by then I'd already broken the ground, so he kept his mouth shut pretty much.

H: How did your mom feel about it?

J: Well, she was proud of me. She's a nurse. So whenever we'd have discussions, she was fluent in all of the doctor/medical language that we'd use. So, she never had nearly any objections. If she does, she's kept them to herself. And she's very outspoken, so I kind of doubt that she had any or she would have said.

H: And you have brothers and sisters?

J: I have two brothers. They're both a little younger. But, we were. . . at any one time there were always two of us in medical school, at least for a while. One brother's an anesthesiologist. He's in Louisiana. He went to medical school at I.U. And the other brother's a pathologist. He lives in Vermont.

H: How did they feel about you going to medical school too? Did they ever tease you or say anything?

J: Oh no. It was to the point that my middle brother, who's seventeen months younger than I am, said it was a good thing that he had an older sister to compete with in school or else he might not have done as well. And so, he was never disappointed that I had those aspirations because I felt like that him gave him something to keep up with.

H: Do you think patients react differently to you than if a man walked in? Of course, they are probably coming to you knowing you're a woman.

J: They know I'm a woman. Uh, there's very little reticence on their part for the most part. When I was an intern, I did an internal medicine residency at Duke. The first couple of months was at the VA hospital, so the majority of the patients were World War II veterans and they tended to be more forthright in their opinions and, although some of them initially would say, "Well, I'm just not sure about having a little girl for a doctor," for the most part they. . .

H: That was 74-75?

J: That was 74-75. For the most part they were OK. I don't think I ever had a patient refuse to see me or anything like that and . . .

H: Do you see much of that now?

J: Much of what?

H: People being surprised and "I don't know about this" and . . .

J: No. You know, and they're more aware now then they were before. Just in the past year we've had an influx of new women physicians on the staff at Ball hospital. We've pretty much doubled our ranks. And I really don't think I've encountered any prejudice because I'm female. Sometimes the reverse happens because my Dad has been in the community for so long, I have to listen to how wonderful he is. It's kind of a tough act to follow. Of course, they say, "Is he dead?"

H: That's awful!

J: I know and sometimes I'll go home and say, "Well somebody else asked today if you were dead."

H: And what's he say to that?

J: It doesn't really deserve a comment. . . that and every old lady in Muncie always says that they went to school with him. He must have been wild!

H: Do the kids act any differently than their parents? Are they surprised to have a woman doctor?

J: Occasionally kids can't tell the doctors from the nurses, but kids don't really mind. That's fine with them. Kids are very worried that you're going to hurt them and if you can convince them that it's a fun place and that you're going to do things for and with them, they're fine. So, I have no problems with kids.

H: Do you think they just see the white coat?

J: I don't wear a white coat.

H: Do your nurses wear white?

J: The nurses wear white. See I'm the one that doesn't wear white, so I'm their friend.

H: Is that why you don't?

J: Ah. . . I just didn't want to wear a white coat. One of my nurses who started out with me (she's gone on to other things) she was pretty upset with me for not wearing one. I wore

one as a pediatrician and I wore one on the house staff and I think I was just kind of tired of wearing white.

H: I'm getting tired of white already.

J: You have a few more years to go.

H: I've wore it for three years already now.

J: Yah.

H: Well, that's about all the questions unless you want to say anything else.

J: Well. . .

H: What do you talk to the students about?

J: Well, we have an introductory series for the medical residents and the family practice residents about medical emergencies and things like that. So my job was to talk about anaphalaxes so that's what I did today, while we were having this girl upstairs with her rash with her penicillin. I thought that was apropos.

H: Do you like going to lecture to them.

J: Oh, I love to teach, I love to teach. And it's always been difficult to work everything in, up until now. But now that Dr. Karlakoody's here, I hope that I'll have more time maybe to do a little more. I'm going to play a little more this year and then I'm going to volunteer a little more time.

H: Did you guys just go in together?

J: She's just moved to Muncie. She started to work this week.

H: Oh, just this week!

J: Yah, just this week, so you can ask her what it's like to be a brand new doctor. She started this week.

H: Well, that sounds good. Are you called over to the hospital much on emergencies?

J: Um, usually when I go to the hospital it's after the emergency has kind of gone away.

### **Interview with Dr. Rebecca Bushong**

H: Would you state your name and your age please.

R: Oh, giving secrets away! My name is Rebecca, R-e-b-e-c-c-a, Bushong, B-u-s-h-o-n-g, and I am 44.

H: Ok. Where are you from?

R: I was born in Ohio, but grew up in Kentucky. My mom's relatives and father's relatives were from Indiana so I'm a second generation Hoosier.

H: What medical school did you go to?

R: University of Kentucky.

H: Are you married?

R: Yes.

H: Do you have kids?

R: No kids.

H: Do you remember how old you were when you decided to become a doctor?

R: Ah, twenty-eight.

H: Was it a specific experience. . .or do you remember?

R: Well, I was previously a pharmacist and had worked for about, oh, eight years in retail pharmacy. It was a time in my life that there were some personal changes. I was previously married. It was a time of the divorce, so it was time for personal renewal. So I decided that I really liked health care but I wasn't doing quite the work that I wanted to do as a pharmacist. I made a decision that either I go to medical school and be a physician or if I didn't get in medical school I would go into an MBA program to learn to be a better business manager. So I got in medical school and the rest is history I guess.

H: What years did you go to medical school?

R: I started medical school in 1979 and graduated in 1983. And then did an internship in internal medicine in 1984 and then did four years of dermatology training, so I finished in 1987. I've practiced since then.

H: How did your family feel about your decision to go into medicine?

R: Very supportive.

H: Was there any difference between your mom's reaction and your dad's reaction?

R: My father died when I was a teenager so mother was very encouraging. My sister was also.

H: What does your mother do?

R: She's a retired school teacher.

H: How does your husband feel about it now?

R: Well, I met my husband in medical school, so we're both physicians. So we both feel like we have excellent choices that we've made.

H: When you were in medical school did you feel like the male students were treated any different then the female students?

R: I didn't, and I know some of my classmates felt they were, but I had no personal experience where I was treated any differently.

H: Did the male students treat the female students differently?

R: No.

H: Did you have any fellow students that were pregnant at the time you were in school?

R: Um, we had several that had small children when they were in medical school. And then I had in my residency training women that were pregnant, but I can't recall any that were pregnant in med school.

H: Were there any concessions made for pregnant or married students?

R: Well, none for married students, with the exception there is a . . . at the time, I'm not sure if it's still current, what is called a "Joint Matching Service" for people that wish to participate as a couple for residency positions. It's not necessarily, at that time, restricted to husband and wife, but if two best friends or others choose to do it or they were doing some shared residency positions where if you wanted to do child care half time and your residency half time those positions were available. But it worked out for me that I didn't participate in any of those programs. It's just that they were around at the time. I think in residency training, all the women that I can recall that were pregnant were given time off. . . I think all of them got 6 weeks off for maternity leave and then were required to make up the six weeks at the end of their time. I don't recall anyone being looked down upon or being hassled because of their pregnancy.

H: Do you know how many female students there were in your class? Or a rough estimate.

R: I would guess probably 20%, probably 20 out of 100.

H: Did you have any female teachers?

R: The chairman of the anatomy department was female. Some of the basic science were female, but the majority were male. Probably 80% male, 20% female.

H: Those few, were they like, um, did they have families and did they have another life besides. . .or just. . .

R: All of the female faculty I can recall did have children and I'm not aware of anyone that did not have activities outside of the school.

H: How did you choose your speciality?

R: I liked dealing with outpatients, meaning people that are awake and alert and are able to talk and communicate. I also, it didn't take me very long to realize in training that I do better in a daytime position myself. During the night I'm 3/4 asleep. I also, like a combination of things: dealing with adults as well as kids; now the infectious disease part that we do; the surgery aspect. So this gave me all the advantages of a practice that has a wide variety, but also allows me to sleep at night.

H: Do you know what the other women students went into?

R: In our class it was primarily pediatrics, psychology and internal medicine. A few women went into pathology, a few went into surgery. . .

H: Did you feel like the school pushed you towards any direction?

R: My medical school, based in Kentucky, recognized the need for primary care physicians, so I think they tried to emphasize the need for everyone to go into family practice, but I don't think they tried to push women any more than men.

H: That's good. Do you think your patients react differently to you than when they have a male doctor?

R: Probably, because I think a lot of my patients choose to come to me because I'm female and I think they feel more comfortable discussing some of the issues that they consider personal with me because as a female I can probably identify with them.

H: Is this the male and female patients?

R: Probably more female though I do have a certain number of male patients, but I don't know if they come to me just as a woman, because I certainly do a wide range. But the women are more openly expressive that they're glad I'm female.

H: Do you think kids react differently, or are they surprised to have a female doctor?

R: I think they are not surprised, because a lot of their parents tell me initially they have brought their child in because they want their child to have the experience of having a female doctor. I think most of the time by the time they get to our office, children are prepared for me being female. Plus we have a number of female pediatricians in town, so I think that the kids are used to female doctors, probably more than the parents.

H: I think that covers it all, unless there's something more that you want to say.

R: Those are excellent questions. You did a great job of putting those together.

### **Interview with Dr. Sharon Hoover**

H: Ok, if you just want to say your name and how old you are.

S: Sharon Hoover, I'm 31.

H: And where are you from?

S: Indianapolis, Indiana.

H: And what med school did you go to?



S: Indiana University.  
H: And the years you went there?  
S: 1983-87.  
H: Are you married?  
S: Yes.  
H: And how many kids do you have?  
S: I have one five month old child.  
H: How does your husband feel about you being a doctor?  
S: Well, we met in medical school and he hated the idea at that time that he was going to marry somebody who was not going to be at home with kids, 'cause that's the way his mother was. Now he can't imagine me doing anything else and he's real supportive of me, but it took several years for him to really get to that point, because for a while I even considered quitting medical school and doing something else because I kind of wanted to have a family too. I thought that that was real important. My mom was always home with us. My dad's a doctor and the problem was that I really liked medicine and probably even more than my husband did.  
H: He's a doctor?  
S: Right. He's an anesthesiologist. So then for a while he decided maybe he should quit, but then after we got to the point where we were in different things and we weren't in the same classes all the time, it was easier because he wasn't competing with me. Before he had this sense of competing with me. It's like, "what did you get on your test" and we always had problems after a test if I did better. But after he got into his field and I got into mine, it was like two different areas. Since then it's been great.  
H: Did you two do residency at the same place?  
S: We both did our internship at Methodist. At that point we were both called transitional interns and basically you do a little of everything. It's kind of like one more year of medical school. And then we both did our residencies at Indiana University, but with all the hospitals there, I don't think we were ever in the same hospital at the same time. We always kind of passed each other.  
H: Were you married by then?  
S: We got married our first year of residency, so it was after our year of internship.  
H: Do you remember how old you were when you decided to become a doctor?  
S: I was very small. I used to go with my dad to the hospital when he would get called out. I remember, I'm sure I told everybody then I was going to be a doctor, 'cause you know little kids tell everybody everything and I thought my dad was the greatest. But you know, I can't remember ever wanting to be anything else.  
H: Was there a specific experience. . . you probably don't remember. . .  
S: No, I don't. . . I mean there wasn't anything that was an eye opening thing. I worked for my grandfather, who was a general practioneer, one year when I was in college and that's when I was really around it to know what it was like and I thought that he was the most wonderful thing that ever was. He was a good family doctor. He took care of people and their feelings more than the medical part of it. And that's when I really decided, "yes, this is what I want to do." But I can't remember not wanting to be one.  
H: How did your mom and dad feel about it.  
S: I'm sure my dad was real proud, but he never said much either way because he didn't want to influence me. I now know why, because I would feel the same was about my

child. I think that medicine can be a wonderful thing to go into, but you should never do it if it's truly not something you're going to enjoy, 'cause it just takes too much effort and too much time. It's all consuming. It doesn't leave you a lot of time for family and doing things that your friends are doing after college. I mean, medical school just takes up a lot of time. Residency takes up a lot of time. Unless you really like it, it's not worth it.

H: What does your mom do?

S: My mom is a housewife. And she was probably the one who wanted me to be a doctor more than my dad, at least when she would talk about it and she said it was because she wished that she would have had the opportunity to do something like that. She was one of those people who was always very intelligent and did real well in school, but raised a family instead. I guess maybe because of that she feels like she missed something in a way or something. But, I don't know, she's kept herself busy.

H: Do you have any brothers or sisters?

S: One of each. They're both younger. Neither one of them went into medicine. They're both engineers and they went into engineering because they were smart, they didn't want to have anything to do with medicine.

H: How did they feel about you. Were they supportive of you?

S: Oh yeah. Yeah. My whole family's been very supportive of it.

H: When you were in medical, do you think you were treated any different from the male students?

S: Um, my experience with that was very good. I would say that yes, I was treated differently, and I think that I stood out from other people, (the males), but it wasn't in a negative way ever. People were always very polite, um, and nicer to me I felt because I was a girl. Not more intimidating. I didn't feel like there was any sort of negativism because I was a girl. There were comments on and off throughout medical school about being female, but they weren't mean. They were jokes and if you took them as jokes, then, that's all it ever was. People would say things like, "you couldn't be an orthopedic surgeon because you're not strong enough and would end up having to lift legs a lot" and that kind of thing. And of course, there are women who are in orthopedics. It's not true. But if you laughed at it, then that was fine. But there were people who were sort of intimidated by remarks like that and then they just had more of them follow. I mean it's just kind of like the people who had trouble I think perpetuated it. They would make comments themselves and turned it into a war when I don't think it was really meant to be one.

H: Is that the way both the teachers and the other students were?

S: I think so. I mean, if there were other students that were resentful, they would be resentful of the other male students too. I mean, medical students are very competitive, um and that's across the board, the girls and the guys. If you were to resent women, they probably resented the other men too. I know that when my father was in medical school they resented the girls because they thought that the girls were taking spots that other men couldn't take and they were probably going to quit and have babies. Now the feeling is, "please go out there and work and have babies and work less time and there won't be so much competition for us." So I was in a sense, less competition than someone else might be. I know when I was looking for a job, I was considered less as a competition type person in that people would actually tell me things that they were doing and things that they were thinking about doing in their jobs, whereas you wouldn't tell

somebody who you thought might steal it from you. That kind of thing. The one experience I did have with somebody who really was chauvinistic was in my medical school interview. Two people interview you and one of the men was an oriental gentleman and he asked me how I intended to ever have a family and be a doctor at the same time. And the other doctor just was appalled and he said, "That's a totally inappropriate question and I have the utmost respect for females these days because they are able to do both and in doing that I think they do twice the job we do." So, that was the one chauvinistic remark I remember the whole time.

H: This is off the subject, but did you ever feel that resentment, like they're taking the places of the foreign students?

S: Um. . .

H: Or did any of the men feel that way?

S: Not that I can remember.

H: 'Cause it seems like there are so many foreign interns at the hospital.

S: Well, see now its different. Um, probably the foreign. . .

H: (This isn't going to be in my report.)

S: students were the American born ones. There weren't so many like had come from somewhere else. Now like the interns around who come from like, say, Guatemala, and places or even Americans who have had to go to medical school outside of the country, they have a harder time probably getting a residency program and I have a feeling. . . I noticed that there were an awful lot of foreign ones who were new this year over at Ball and it must be because they were having more trouble filling. . . I don't think that it's any thing that anyone would resent, because I don't think that they have a quota of foreign people that they have to take.

H: Oh, they don't?

S: I don't think so. It was real interesting because in my residency program it traditionally has been all men who are related to an ophthalmologist and were from Indiana. I mean that was traditionally the way it was. And I was always calling myself the token female just kind of in a joking way because I was the one girl that got picked my year. The year after me there weren't any girls picked. Almost all of them were oriental or Indian and that was the first year that the chairman of our department was oriental. So, it was just interesting. Because it was just switched. But it wasn't because it was anybody's policy or anything. It was just the way he said he was going to be.

H: How did you choose your specialty?

S: Oh. . . I wanted something that I could do and not do full time. Um, there were a lot of things I didn't like going through medical school. About. . . well. . . there were more things I liked than didn't like in medical school and I considered doing family practice, but I was afraid that it would just be too all consuming. That I would be called all the time, that I would worry about people who were sick, even though I wasn't the one on call and I thought that that would be just too much for me to do and have a family at the same time. So I was looking at one of the other more sub-specialized things where you didn't necessarily have to be the primary care person. But I still liked primary care and I liked doing procedures but I liked the office too. So actually my husband suggested it. We didn't have any ophthalmology experience in medical school at all for the first three years and so I just took a month of it my senior year and I loved it. I love old people and I love kids and then you see a lot of people in the middle too. But, it just seemed to have

a little of everything that I liked about medicine. You follow people for a long period of time or you follow people just for a short period if they have something interesting that you can cure quickly. You can take care of whole families as they change their glasses and all that kind of stuff. So it was kind of like being a family doctor of eyes. And it allows you to have time off and call isn't bad.

H: Was having a family too a big part of your decision?

S: Yah. Because I think I wanted. . .

H: If you didn't want to have a family, would you have chose something else?

S: Oh. . .at this point I can't think of anything I'd like to do more. At the time. . .maybe, but see that's so hard to say because I think you'd be a lonely person if you didn't have a family to go home to. You'd be a crazy person too. I mean, there are people who spend all their time at work. I mean, I can see how you'd do it, but I don't know when you'd ever be able to relax or let up. I don't think that would necessarily be a way to live. So I don't know, I'm happy with what I'm doing. I don't think I'm compromising anything by going into what I'm doing.

H: Were you in the same class as Dr. Drummond?

S: Uh, huh.

H: Ok, so I'm not going to ask you the same questions again, like I asked her what the other female students what they went into.

S: Oh, yah.

H: And I asked about female professors and she said there were a few, but she didn't feel like they were the norm. Because she said like most of them didn't have families.

S: Right. I mean that was my experience, that most women in medicine, um. . .the professors that I remember, they were real negative toward men, um. . .they were more of the type like that lady who was out in California, (was that where it was?) who was having a law suit for harassment or something. She was a neuro-surgeon and she said that there were all these sexual innuendos and all this kind of stuff. I mean. . .

H: You felt like those professors were negative toward. . .

S: They were kind of. . .they had a worse experience going through medical and they had a lot stronger personalities, in a negative strong way. I mean, they were sort of women's lib type people. I don't know. . .

H: I think they probably had to be that way.

S: Right. . .exactly. I think they had to be that way to get through and they haven't lost that yet. It's changed a little bit now because there are more people who want to have families and aren't particularly worried about male/female business and all that kind of stuff. But see, there are more women in it now. I mean, it's not so hard to get in.

H: Do you think that patients react differently to you then they do to a man doctor.

S: I think so. Um, I see so many people who are older, so I seem like a little girl to a lot of people. Um, but I don't think that anybody is unhappy about it. Some people have said things to me like, "oh, I thought that you were gonna be a man," and I'll say, "well at least we know that you can see that well. You're not having too much trouble." I don't think that anybody is too upset. One thing is interesting; I get called "honey" and "sweetie" a lot, which would really bother some women in medicine. But I like it, because if they feel comfortable enough to call me that then they can talk to me and it's kind of a good relationship. Now, if it was a young guy that said that to me I wouldn't appreciate it at all.

H: It's the older people?

S: Right. . .and probably the only people who have ever been intimidated by me being a woman would be like when I was in medical school and going through all the different specialties and have like a young man, or when I would moonlight and do physicals for different corporations and the young guys would be scared to breathe when I'd put the stethoscope on them, or just be so nervous. It was the young men who had more problem, because they were embarrassed that the doctor was this young women. Um, but really, that's the only time I've ever had any kind of reaction that was. . .

H: Have you ever had anybody refuse to let you see them?

S: No, I've never anybody refuse. There was a time in medical school there were a couple of girls who did and whoever was in charge went in and like yelled at the patient and got mad at them. I mean it really was not very appropriate because somebody should have the choice I think when it comes to who's going to see them. It's not fair if you're not comfortable. So . . .

H: Do you think, when you see little kids, are they surprised at all?

S: Um. . .they seem to be pretty accepting and that may be because so many pediatricians are women. They've had a lot of doctors who were women. Um, they don't really understand what a doctor is or what a doctor isn't. As long as I'm not going to give them a shot they probably don't care.

H: Do you wear a white coat?

S: I do wear a white coat and it's not so bad here as like when I was doing it a Riley we didn't wear white coats because the Riley children are so used to doctors and it's such a negative experience for them that it's best if you're not portrayed as some professional type person. The main problem here is that most of the kids don't have that negative. . .

H: But do you think they identify a doctor with the white coat?

S: Probably. I mean most people do. I guess that's why we wear them. A lot of people in private practice don't. I guess this is a big enough place and there are enough people running around that you want to know who's a nurse or who's a non-doctor and who the doctor is. So I know that still I'll walk in a room and so many people are already around the patient, they're like, "are YOU the doctor?"

H: You do have to see a lot of people here before you get to the doctor.

S: Yah.

H: I think that about covers everything unless you want to add something.

S: Nope, that was easy.

H: Something Dr. Drummond said was that she kind of felt like the women doctors were pushed into like family practice, pediatrics, and . . . I don't remember what the other one was. And not that they didn't like them but she said those are the lower paying specialties and . . .

S: Traditionally women.

H: Traditionally women.

S: I'd say that there is some truth in that just because it's more difficult to even think about going into one of the other things. Like, there aren't many female surgeons and the ones who did go into surgery were kind of the tough people. You know, they were the competitive people.

H: But now they're pushing everybody into it because of this whole business with the payment schedule and national health care system. Everybody's all worried about all

this. They think that the problem is that there aren't enough primary care people to sort of gate keep the people. They take care of what they can and then send the people on to specialists that need to go there.

H: What all is included in primary care?

S: That's internal medicine, pediatrics, and family practice. And those are the things that are especially needed for small towns. Small towns almost don't have doctors and of course you don't want to go to a real small town if you can work in a big city and make more money. So there's a big push for trying to get more people in primary care and get them out in the smaller towns. So they're talking about having sort of scholarships for people who say. . .

H: I saw that article in the paper.

S: Exactly. And it also sounds like medical schools could get in trouble if they don't graduate a certain percentage of their graduating class in these primary cares. Well that's ridiculous because you don't know when you start medical school what you're going to go into. But, it may get to a point where they may actually be secretly screening for people who seem to be more of the type person who might go into a primary care field. I don't know, but. . .

H: What type person would that be?

S: I don't know but they might ask, "do you know what you're interested in?" But they might in some subtle way try to feel people out. And I'm sure that that's not true now, but, I mean, if all that would go through, it would be a big problem for schools. They would have to do things to like make your surgery scores be real low so that other places wouldn't take you in surgery specialties. I don't know, I mean it could be a big problem. But, um. . .

H: I don't think that's the answer anyway.

S: No. . .it's not, it's not. I mean this isn't Russia. But, um, you can't get people to do what they don't want to do. And you don't want a doctor who wants to be something else in family practice. That's not going to work either. But, if somebody asks you some question about that, I mean I would say that the most intelligent answer would be, "well, I really don't know yet." You know. . .

H: Well sometimes. . .are there scholarships if you say you're going to go into a certain specialty? Can you get any kind of scholarships?

S: I don't know. I'm not sure. I mean that might be possible. See I didn't know what I wanted to do so I didn't pursue it. There very well could be, but I don't know how they would enforce that.

H: If you changed your mind.

S: Unless you were to give the money back if you changed your mind.

H: Because I've always felt like I wanted to go into obstetrics and mom thought maybe there was something, maybe a scholarship or something you could get. But if they're going to be looking for family practice, I'm not going to mention it.

S: Well, no, I wouldn't give them a feel. You can not lie and say that you've always been interested in delivering babies or something and you thought that that whole aspect of medicine was really exciting because family practitioners, see, they probably with this whole thing, they need family practitioners to go back to delivering babies, which they're getting away from right now because of the malpractice thing and stuff. I mean, if

there's a national health care system, probably family practitioners will someday go back to delivering babies because the malpractice thing won't be as big of a thing.

### **Interview with Dr. Jugnoo Husain**

- H: If you just would say your name and how old you are.  
J: Ok. My name is Jugnoo Husain and I'm 32.  
H: And where are you from?  
J: Originally I'm from Pakistan but I've been in the United States since 1974. That's a lot of years.  
H: What medical school did you go to?  
J: St. George's University in Granada.  
H: What years?  
J: 1984 to 1988.  
H: Did you come here right after that?  
J: Yah, I did only 2 years in Granada for the basic sciences part and the clinical part we do in the United States, but I did 3 months in England before I started in the United States. I did psychiatry and pediatrics in England before I came to the United States to finish up the rest of my clinical rotations.  
H: Where at in England?  
J: I was in Canterbury.  
H: Did you [tape interrupted by hospital intercom at this point]  
J: It was a quaint little town with Canterbury Cathedral there. It was built like in 1300 something. It was just fantastic.  
H: Are you married?  
J: Yes.  
H: And do you have kids?  
J: No, no.  
H: When did you get married.  
J: 1985. . . it takes a minute to think about it.  
H: And what does your husband do?  
J: He's a writer. He works over here for Jim Davis. He's one of the Garfield. . .  
H: Oh really? That's neat! How did he feel about you being a doctor?  
J: He was always supportive. When we met he knew that's what I wanted to do and we met in high school. So he had plenty of warning and you know, what was to come. I don't think he realized how much time would be involved and how much study and my attention would be diverted away from the normal things going on in everyday life. But, he was always supportive of the idea, he always encouraged me. I was lucky that way.  
H: Do you remember when you first decided to become a doctor?  
J: I think it was first grade. . . it was first grade. I always wanted to be until maybe I got to 12th grade in high school and the first couple years of college where I got into English literature and then it was thinking I was in a quandary. I really liked it and was doing very well in the English literature part and I thought well, maybe this is my calling. But then, medicine was always in the back of my mind. I just went back and forth wondering

what to do and then I decided to go ahead with the medicine. It was my first interest and my major was in biology and I could always do the literature on my own, which is what I enjoy. I read a lot and I get the best of both.

H: Was there a specific experience in first grade that made you decide?

J: Um, there might have been, I don't remember it. There was. . . my mom. . . I think she herself really wanted to be a physician and she never did it. She was married very early and she just didn't want to work so hard, but she liked the idea of being a physician and I think in my mind, maybe unconsciously she started making it into a wonderful profession and it sort of permeated through the kids. My other sisters are physicians too. So I think maybe she did have something to do with it. Just making it sound like it was a wonderful profession. Plus, in Pakistan if you're going to go to college and actually work, for women they can either become teachers, or they become doctors, which is ok. They need doctors there for fields like OB/GYN and pediatrics and it's an accepted profession for women there.

H: That's unusual.

J: That's unusual. So, I think parents when they know that their kids are actually working hard and they're ready to go to college they actually push it and it's professionally [hospital intercom interrupts at this point]. . . and so it's sort of a prestige is attached to the profession and so you're sort of encouraged to go into that.

H: Did your father feel the same way? Was he. . .

J: I think he did, but he wasn't quite as vocal about it as my mom was. He was always very into education, "You WILL get an education and it will be higher education," but he was never pushy about it. He did it by example. He was always reading on his own. And when he came to the United States he decided he was going to go for his Phd and for a time he and I were going to college together. I was an undergrad and he was a grad student. But you know, just to see him do that. . .

H: What does he do?

J: He teaches political science in Raleigh, North Carolina.

H: And what does your mother do?

J: She's a housewife.

H: Do you have any brothers?

J: No, I don't. If we had had brothers she might not have pushed the sisters so much, but. . .

H: Are you the oldest?

J: I'm the youngest.

H: How did your sisters feel about it when you decided?

J: Oh, my family has been very, very. . .

H: Had they already started their school?

J: They're way ahead of me. They're years and years older so they had already finished their schooling and residency and they were established, even before I started medical school they were established. In a way, it's not so nice, because they all know. . . they think they know everything and it's like every weekend, "so, how many journals have you read," or "what rotation are you in now?" "Do you know this or that?" And you know they question me, like if there's a big exam coming up. "Did you read this?" and I'd say, "no." "Well you should have, it's going to be on the exam." But in another sense it's always nice you can call them up and say I'm having a problem with this or that, or they know what I'm going through. So. . .



H: What are their specialities?

J: My oldest sister is a dermatologist. The one after her is a neurologist.

H: How did you pick pathology?

J: A couple of ways. I always liked it when I started with the basic sciences and they just taught pathology as a basic science. That was really nice because after a lot of subjects which just teach you boring facts, pathology was the first thing after that, you know, after about chemistry, where you actually got into diseases and patients and I liked the fact that you have to know everything about everything in pathology; every disease; how it works; what causes it; how to diagnose it. So I liked it then, but I hadn't decided anything. So in my third year, maybe it was the beginning of the fourth year I was in the ER one night, it was three o'clock in the morning, we'd been up for, I don't know, 30 hours, and a patient came in with chest pain and we were admitting him at that time and after the admission process you're supposed to call the attending physician and so we called him up. He came in because he was a cardiologist. He was wearing the same crumpled suit that he had worn all day, because I remember doing rounds with him earlier, and he was about 65 years old and so tired. I thought, "This is going to be me in a few years. I will never have a break." It's just. . . apparently he can't slow down. Even when you finish your residency, someone is ill in the middle of the night and you just . . . you know, in that kind of primary care medicine there's no break. You get no break. I just did not want that kind of life at all. So I was actually sort of lucky that I liked pathology just for the more regular hours. But, that clinched my decision. It was as I could pinpoint the time when that happened. I think I'd probably been thinking about it, but I really hadn't decided.

H: Were there a lot of other women in your medical class?

J: No, the ratio of men to women in my own class was 20 to 1.

H: Did you feel like they. . . were there any instances where you felt like you were being stereotyped against?

J: Um. . . I'm trying to think. . .

H: I mean, were you treated the same as the male students were?

J: I think. . . I would say mostly yes. Maybe I was lucky and I happened to be in decent programs or with people who were pretty good. One time another resident made a remark after I'd already picked pathology, about that was a very good decision, "for women that's a very good field." I thought about it later and I thought, that's not the reason I picked pathology, I mean my main reason and that's not how it should be looked at. I just don't like that kind of attitude. But it was just another resident that I was working with. It wasn't any of the staff or anything.

H: Did most of the other male students treat you the same?

J: I would say yes. I can't think of any instances where I was discriminated against.

H: Do you have any patient contact at all?

J: Yes. . .

H: Do you think that you are taken less seriously than a male doctor?

J: Yes, that I do think. It started when I was a student even. You walk into the ER and you're expected to do in your fourth year almost as much as the intern is doing. I know that patients are sick and they're less polite than normal, but they would just come out and say, "well you don't look old enough," "I don't want to be treated by you. Give me some older looking man." Or they'd say. . . let's see. . . there was that one instance where

they threw me and the one intern who was also female. . .some woman threw us out because she said we were women and we didn't look responsible enough. She said, "That's it, I don't want to be treated by you." So we went out and called some older person who went in and took care of her. And it's happened here even. We do bone marrows, an invasive procedure and certain men will say, "Well, obviously this is not going to go too well. I've got this female doctor." I think they're half kidding, but it just goes to show you the kind of comments people make, even when they're supposedly kidding.

H: Do you ever treat any children?

J: Not any more, no. We do bone marrows on them and cultures, but not really treating them.

J: How do you deal with them. Do they react any differently? Surprised, or. . .

J: Not that I've noticed.

**Analysis of Interviews  
and Final Conclusions**

Dr. Christina Drummond attended IU Medical School between the years 1983 and 1987. She made her decision to become a doctor at the relatively early age of 17. It is interesting to note that she did not consider the option of becoming a doctor until a friend mentioned that that is what she was going to do with her life. Drummond's first concern was if she could have a family and the friend replied that she thought she could do both, have a family and be a doctor. Drummond is one of the two doctors interviewed that has children so a family is obviously very important to her. A possible reason becoming a doctor did not occur to her is that no one in her family is a doctor.

Drummond's mother did not go to college and did not support her daughter's decision to become a doctor. Her father did go to college and became a CPA and started his own business. He supported his daughter's decision. Drummond's four older brothers and one older sister also supported her decision.

Dr. Drummond met her future husband while she was in college so he knew from the beginning that she was working to become a doctor. He has been very supportive of her. He even left his job to go with her to Florida for her residency. Mr. Drummond has his own company which sells replacement parts for construction equipment. I think it is significant that he is successful in his own job. I think his successfulness and his supportiveness are directly related.

Drummond did not think there was much discrimination in school

but she did say, "I think I had one (she's referring to a professor) that was in retrospect probably very overly flirtatious and probably inappropriate, but I didn't realize it or, I don't know, at the time." This statement seems to indicate that there could have been a lot more discrimination going on then she realized. Maybe she just was so used to it she did not recognize it for what it was.

Dr. Drummond did recall having a few female professors, but she did not feel they were very good role models because they were career oriented. In other words they didn't have a family. This shows just how important a family is to Dr. Drummond. She feels a good female role model is a woman that has children. In this study I was interested in whether or not the women could have a family and be a doctor too, but I do not think having children defines whether or not a woman is successful.

Pregnant students were not helped in any way during medical school and Drummond gave a perfect example of that fact. She said that the student she remembered becoming pregnant during school did not graduate with her class and that she didn't make it through. Maybe if some of this student's classes were delayed and she made them up later she would have been able to finish. It is also possible that the student just changed her mind about becoming a doctor.

Drummond chose her specialty because it is possible to have a family too. Most of the females in her class went into family practice, emergency medicine, and pediatrics. She felt there was

a tendency to push women into family practice and pediatrics and she said, "...those fields, traditional roles. It's extremely emotionally draining and it's not very rewarding financially." This reflects back to my previous statements that women were only allowed to be in nurturing roles in medicine and the men did not want them encroaching on their own financial gains.

Drummond felt that most patients were pretty accepting of her doctor status. If she was questioned it was usually by an older man. Older people would tend to have more stereotypes against women and not be used to seeing them as doctors. Drummond also noticed she had to be more assertive with men because, "It's kind of like they're just testing you to see if you're gonna know." I do not think this is a bad idea and wish more people would question male doctors too.

Dr. Jocelyn Smith attended IU Optometry School between the years 1982 and 1986. She is not married and does not have children. Smith was a nurse for six years before she went back to school. Her reasons for going back were that she wanted to have more freedom and more money. Like Dr. Drummond it was through a suggestion of a friend that was already an optometrist that Smith chose optometry. It seems to be quite common in the 1980's and 90's for people to change their career.

Smith's mother objected to her daughter's change in career. Her mother did not go to college and she did could not understand why her daughter would want to leave a perfectly good job. Smith's father was supportive of her and he did not go to college either. Dr. Smith does not have any brothers or sisters.

Smith did not feel there was any discrimination in school that was unusual or in excess. She said, "There were maybe one or two people that were chauvinistic, but they would be that way in any situation. Not just because they felt like we were invading a male territory." I agree with this statement because I feel prejudices are encountered everywhere in some degree and must be expected.

One major difference between medical school and optometry school is that in optometry school concessions were made for pregnant students. Smith said the school would, "...rearrange their clinic rotations and stuff to accommodate." Dr. Smith also suggested that optometry school classes were at least 90 percent women. It is to be hoped that medical school classes will not have to become 90 percent women before these type of changes are made.

Dr. Jane McDowell attended IU Medical School between the years 1970 and 1974. One of the first things she said in her interview was, "You put a day off into your schedule so you can do things that human beings do." Dr. McDowell is not married and this statement seems to indicate that she believes she is too busy to have a family. This statement is also significant, "And there was always the small percentage of women who find that motherhood's so much more fun than practice." These statements might show that Dr. McDowell does not believe women should be doctors and have children at the same time.

The second statement was made when we were discussing pregnant medical students. Maybe these women found out they could not have a family and go to school too, especially when the school made no concessions for them. Dr. McDowell was quite hard-nosed about the whole subject, saying, "most of the time pregnancies were planned well enough that they came during times when they could take some time off." The school, and according to this statement, some of the students, are not willing to make changes to help medical school fit in with a woman's life schedule.

McDowell's mother was a nurse and she supported her daughter's decision. Her father is a doctor and he also supported his daughter. It is interesting to note though, that he wanted her to go into ophthalmology so that she could have a family too. Either a family is not important to Dr. Jane McDowell or the opportunity to have one never presented itself to her. McDowell's brothers also supported her decision.



During medical school McDowell said there was some discrimination. She said, "A lot of the lecturers used slides in their discussions and they liked to throw in a few mildly pornographic slides so that the guys could laugh and the girls didn't...they weren't to the point where the girls would get up and leave, but um, you know the humor was still kind of good "old boy" humor a lot of times." Despite this observation McDowell did not seem to think the prejudice at the school was significant and she felt as long as she did well she did not have to worry about it. These attitudes show how women have learned to overlook this type of attitude in order to achieve their goals.

McDowell was a pediatrician for six years and then decided to become an allergist because she wanted to help all the children she saw with asthma and allergies. Patients do not react negatively to her and most come to her knowing she is female. McDowell did not feel kids really cared much one way or another.

Dr. Rebecca Bushong attended the University of Kentucky between the years 1979 and 1983. Bushong was a pharmacist for eight years and then during a time of many changes (she was getting divorced) she decided to go back to school and become a doctor. Bushong's father died when she was young but her mother, a teacher, supported her decision. Her sister also supported her decision to become a doctor.

Bushong met her present husband in medical school, so he is also a doctor but not in the same specialty. He has been very supportive of his wife. Bushong chose to go into dermatology because it involves treating coherent patients, a daytime work schedule, some surgery, and treating a wide range of ages. She did not mention it but it had to be a concern that she have time to spend with her husband and this is one of the specialties in which that is possible.

Bushong didn't feel like she was treated any differently than the male students in school but she knows that some of the other women felt like they were. None of the women I interviewed felt like there was discrimination against them. This seems to indicate that something is going on below the surface because several of them mentioned that they noticed other women might have experienced it. Maybe they were just denying it in their own case or could not recognize it when it was happening to them personally. On the other hand maybe they were all lucky and didn't experience any prejudice of significance.

Dr. Sharon Hoover attended IU Medical School between the years 1983 and 1987 (she was in the same class as Dr. Drummond). Hoover decided when she was very young she wanted to become a doctor but she later struggled with her decision. She wanted to have a family too and considered quitting medical school when she realized she might not be able to have both. It is significant that her husband, also a doctor wanted her to stay at home. Hoover chose ophthalmology so that she could have both, a career and children.

Whereas the other husbands were quite supportive of their wives, Hoover's wasn't until they were no longer competing directly. They went into different specialties. These attitudes seem to indicate that the spouse can not be supportive unless he is successful in his own career or if he is a doctor he has to be in a different field before he can look at it objectively. This could not possibly be true for all women doctors but it does seem to be the case with all the married women doctors I interviewed.

Hoover's dad is a doctor and he was supportive. Hoover's mother is a housewife and she was very supportive. Hoover said her mother would have liked to become a doctor herself so she was very pleased with her daughter's choice of career. Hoover's younger brother and sister were also supportive.

Hoover did feel as though she was treated differently from the male students but she did not feel like it was a bad thing. Rather they were more polite and nicer because she was female. There were jokes from male students but she did not feel they were malicious

or significant.

No patient has ever refused to be treated by her. If they do react it would just be with surprise. Kids seem to be very accepting and Hoover feels this is because many of them have had a female pediatrician. During school she felt like women were pushed into primary care, this could explain why so many women are pediatricians.

Dr. Jugnoo Husain attended St. George's University in Granada between the years 1984 and 1988. She decided to become a doctor in the first grade, so she was probably five years old. Her family came to the United States from Pakistan in 1974. Husain is married and her husband is a writer for Jim Davis.

Husain's father has a PhD in political science and he was supportive of his daughter's decision. Husain's mother is a housewife and she was also supportive. It is significant that in Pakistan it is acceptable for a woman to become a doctor. Husain's mother also wanted to become a doctor herself, just like Hoover's mother. Maybe these mothers felt it was a second chance for them, and they could live out their dreams of becoming a doctors through their daughters. Husain's older sisters were also supportive of her.

Dr. Husain chose pathology for her specialty because she liked the regular hours. She also had the consideration of her family life since she was married. Her husband has been supportive and like the other supportive husbands he is successful in his own profession.

Husain does remember patients refusing treatment and one said something about her not looking old enough to be a doctor. I think the discrimination she has faced from patients has been based solely on her age. Not really her age, because she is 32, but rather how old she looks. She looks very young, I would guess in her early twenties. I think young looking male doctors often get the same reaction.

My main focus in the interviews was stereotypes that the women doctors encountered in medical school, how their family reacted to their career choice, and how patients react. After reading the interviews though it is obvious that some of the information is not relevant to these three questions. Even so the extra bits of information do add to the interest of the paper and tell us a little more about the doctor being interviewed. This information is also important to obtaining a more rounded view of what the present state is on discrimination against women doctors.

After conducting my interviews it is necessary to revise some of my conclusions. I had concluded from the history research that prejudice against women doctors was quite prevalent in medical school. I was really surprised with the amount of prejudice the women encountered because it was much less than I had expected. The women interviewed attended medical school between 1970 and 1988. If the women did feel there were prejudices against them they were positive instead of negative or constricting in that it was not meant maliciously and did not affect their training in any way. I think the fact that IU Medical School has a long history of female medical students played a large role in this. Four of the six interviewed received their training from IU.

This does not mean that they encountered no instances of negative attitudes at school. Dr. Hoover mentioned that it all depended on how the woman took the teasing. If the woman took the teasing seriously it became a serious matter to her if to no one

else. I don't think this is a significant or special trait of medical school but rather a fact of life. It seems to be human nature to tease. A small amount of teasing should be expected and should not be judged too harshly.

Almost all the women could recall a few instances when patients reacted negatively to having a woman doctor. This reaction also seemed more likely to come from an older man. This reaction could be violent in some cases. This reaction could have something to do with the education level of the patient. One also must remember that these patients may not be used to seeing a woman doctor because in their day there just weren't very many. The unknown can be scary and some people react violently.

In general though, if the patient reacted at all it was just with surprise that it was a woman instead of a man, and they might say something like, "Oh, I thought you were going to be a man." Most of the time even if they were surprised to see a woman doctor they did not question the competence of the physician and were not unwilling or even unsure of receiving treatment from her.

The reaction of female patients tends to differ a little bit from the reaction of male patients. Women seem to be more likely to go to a woman doctor specifically because she is a woman, which is perfectly understandably. When we have to talk about private or intimate problems we all feel more comfortable talking to the same sex because we feel that they can understand better and empathize more.

Children of course, can not make their own choice of doctor, but they do give us a glimpse of what the future treatment of women doctors may be. Many children of the 80's and 90's have been treated by women physicians all their lives. They are used to women doctors and probably see them in exactly the same way as a male doctor. So unless parents or some other person purposely tells a child the woman doctor is inferior, I foresee a future with men and women doctors having the same opportunities for advancement.

Most of the women received support from their families. Four out of six of the fathers went to college (I don't know about Dr. Bushong's dad, he died when she was young so I didn't ask if he had gone to college or not) and of that four, two are doctors themselves. I think the education level and profession of the mothers and fathers is a good indicator of their support of their daughters decision to become doctors. Usually the higher the education level the more supportive they are. All of the fathers were very supportive of their daughter's career choice.

Of the six mothers, two withheld their support and neither one of these mothers had gone to college. I think their unsupportiveness reflects their fear that their daughter would fail or not be able to have a family too. Having never gone to college themselves, they would not know what was involved and may tend to think that their daughters could not handle the long years of school. Of the other mothers (Dr. Husain's and Hoover's moms), who



had not gone to college, Husain's seems to me to be a special case. Dr. Husain's family came from Pakistan and she said that many women were doctors in that country, so her mother would have no doubt that her daughter could become a doctor too. Both women, Husain and Hoover, also said that their mothers would have liked to become doctors themselves.

All of the brothers and sisters (if they had any) of the women interviewed were supportive of their sister's decision to become a doctor. Dr. McDowell and Dr. Husain even have brothers or sisters that are also physicians. Dr. Smith was the only one to have no brothers or sisters. Drs. Drummond and Hoover had both brothers and sisters, whereas Drs. Husain and Bushong only had sisters, and Dr. McDowell only had brothers. So all possible combinations of siblings are represented in this study.

Of the six doctors interviewed, four were married. These include: Drs. Hoover, Drummond, Bushong, and Husain. All of the husbands were supportive of their wives being doctors. Drs. Hoover and Bushong are even married to another doctor. But I'm sure all of the married women looked for a mate who would be supportive of them because they had all already decided to become doctors when they met their future husband.

Of the six women only one could not remember how old she was when she decided to become a doctor. Of the others the ages were: very young, 5, 17, 27, and 28. Of the two that decided at a later age, I think it is significant that both had a different career

prior to their decision. Dr. Smith was a nurse and Dr. Bushong was a pharmacist. It is no surprise that these women held their dream of becoming a doctor for a very long time or made a very definite decision later in life that that is what they wanted to do. And as Dr. Hoover said, "It's all consuming. It doesn't leave you a lot of time for family... Unless you really like it, it's not worth it." The difficulty of becoming a doctor requires a firm commitment.

I concluded after researching the history of women doctors that they could not be a doctor and have a family too. A revision of that conclusion would be that women doctors do seem to be able to have a family now if they want one. This can be deceiving though. Only four of the six were married and only two of those women had children. Of the two doctors, Drs. Hoover and Drummond, with children, both became doctors in the late 80's. Do they really have complete freedom in the field of medicine to make whatever choices they want? I do not think so and this should be our major concern now.

None of the women who went to medical school reported any kind of concessions made for pregnant students. As contrast, Dr. Smith who went to optometry school said that there were concessions made for pregnant optometry students. In regard to the medical school students, although there were no specific obstacles to them having children while they were in school they were not helped in any way either. Whereas the male students had the freedom to start their

families during school if they wanted to, the women did not have that option if they wanted to do well in their studies.

Along with this we must consider the woman's choice of a specialty. The woman had to take into consideration whether or not she wanted to have a family and then make her choice of specialty. The female student has to be more concerned with "the difficulty of having a manageable life,"<sup>1</sup> if she wants to have a family too. The women I interviewed were lucky in that they were able to choose something they really liked that would also allow them to have a family (But would it really have been their first choice if they did not have the family consideration?).

Of the women I interviewed, each represented a different specialty: Allergist, Dermatologist, Emergency medicine, Ophthalmologist, Optometrist, and Pathologist. But if we look closely at what these specialties entail we see that all of them are on a set schedule. They might be called in once in a while on an emergency but it probably doesn't happen very often. This range of specialties shows perfectly the limitations placed on women when they make their choice. Where are the women surgeons? And if you find one what are the chances that she has a family too. I'd say the chances are very small if not nil.

The medical field still needs some improvement so that women can reach their full potential and contribute as much as they are capable of giving. I think it is encouraging that women are no longer entering the field just to prove that they can do it, but

rather because they find it challenging and fulfilling.<sup>2</sup> I think that the more the system changes to be a little more accommodating to women the greater it will become.

1. Donna Brogan, PhD and Nancy G. Kutner, PhD, "Gender Roles, Medical Practice Roles, and Ob-Gyn Career Choice: A Longitudinal Study," Women and Health, Vol. 16, No. 314 (1990), p. 113.
2. Ibid, pp.102-103.

### Doctors of Muncie Interviewed

1. Rebbecca Bushong MD, Dermatologist. Date interviewed: 8-21-92.
2. Christina Drummond MD, Emergency Medicine. Date interviewed: 7-14-92.
3. Sharon Hoover MD, Ophthalmologist. Date interviewed: 8-13-92.
4. Jugnoo Husain MD, Pathologist. Date interviewed: 11-13-92.
5. Jane McDowell MD, Allergist. Date interviewed: 8-18-92.
6. Jocelyn Smith OD, Optometrist. Date interviewed: 8-5-92.

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